

110TH CONGRESS  
1ST SESSION

# H. R. 2055

To improve children's access to health care coverage under the Medicaid Program and the State Children's Health Insurance Program (SCHIP).

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 26, 2007

Ms. CASTOR introduced the following bill; which was referred to the  
Committee on Energy and Commerce

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## A BILL

To improve children's access to health care coverage under the Medicaid Program and the State Children's Health Insurance Program (SCHIP).

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE; TABLE OF CONTENTS; FINDINGS.**

4       (a) SHORT TITLE.—This Act may be cited as the  
5       “Improving Children's Access to Health Care Act of  
6       2007”.

7       (b) TABLE OF CONTENTS.—The table of contents of  
8       this Act is as follows:

Sec. 1. Short title; table of contents; findings.

Sec. 2. State options for “express lane” eligibility.

Sec. 3. Medicaid citizenship documentation requirements.

Sec. 4. Give States the option to allow children of low-income state employees to enroll in SCHIP.

Sec. 5. Establishment of new base SCHIP allotments that are responsive to increases in health care costs and enrollment expansions.

Sec. 6. 2-year initial availability of SCHIP allotments.

Sec. 7. SCHIP Premium grace period.

1 (c) FINDINGS.—Congress finds the following:

2 (1) 9 million children in the United States  
3 under the age of 19 are uninsured.

4 (2) 6.8 million of these children are eligible for,  
5 but not enrolled in, the Medicaid program or the  
6 State Children’s Health Insurance Program  
7 (SCHIP).

8 (3) Two-thirds of the 9 million uninsured chil-  
9 dren come from working families in which one or  
10 both parents are working but were not offered em-  
11 ployer-based health insurance or were unable to buy  
12 private health insurance.

13 (4) Uninsured children are five times less likely  
14 than insured children to have a primary care physi-  
15 cian, or to have visited a doctor or dentist in the  
16 past two years.

17 **SEC. 2. STATE OPTIONS FOR “EXPRESS LANE” ELIGIBILITY.**

18 Notwithstanding any other provision of law, any  
19 State with a plan under title XIX or XXI of the Social  
20 Security Act has the option of doing any or all of the fol-  
21 lowing in order to promote enrollment of eligible children  
22 under the programs under those titles:

1           (1) The option to create “express lane eligi-  
2           bility” so that children who meet other low-income  
3           public program eligibility requirements (such as the  
4           WIC program, the school lunch program, and other  
5           means-tested programs) are automatically enrolled  
6           for benefits under the appropriate plan under such  
7           titles, with appropriate notice to the parents of chil-  
8           dren so enrolled.

9           (2) The option to create one enrollment form  
10          for all low-income public programs, including such  
11          programs.

12          (3) The option to receive a 75 percent Federal  
13          matching percentage under such titles for expenses  
14          relating to the implementation of electronic tech-  
15          nology needed to make their information and com-  
16          puter system infrastructure facilitate Express Lane  
17          eligibility, presumptive eligibility, continuous eligi-  
18          bility, and automatic renewals of coverage for chil-  
19          dren for whom the State already has data from  
20          other programs on income.

21 **SEC. 3. MEDICAID CITIZENSHIP DOCUMENTATION RE-**  
22 **QUIREMENTS.**

23          (a) STATE OPTION TO REQUIRE CERTAIN INDIVID-  
24          UALS TO PRESENT SATISFACTORY DOCUMENTARY EVI-

1 DENCE OF PROOF OF CITIZENSHIP OR NATIONALITY FOR  
2 PURPOSES OF ELIGIBILITY FOR MEDICAID.—

3 (1) IN GENERAL.—Section 1902(a)(46) of the  
4 Social Security Act (42 U.S.C. 1396a(a)(46)) is  
5 amended—

6 (A) by inserting “(A)” after “(46)”;

7 (B) by adding “and” after the semicolon;  
8 and

9 (C) by adding at the end the following new  
10 subparagraph:

11 “(B) at the option of the State and subject to  
12 section 1903(x), require that, with respect to an in-  
13 dividual (other than an individual described in sec-  
14 tion 1903(x)(1)) who declares to be a citizen or na-  
15 tional of the United States for purposes of estab-  
16 lishing initial eligibility for medical assistance under  
17 this title (or, at State option, for purposes of renew-  
18 ing or redetermining such eligibility to the extent  
19 that such satisfactory documentary evidence of citi-  
20 zenship or nationality has not yet been presented),  
21 there is presented satisfactory documentary evidence  
22 of citizenship or nationality of the individual (using  
23 criteria determined by the State, which shall be no  
24 more restrictive than the criteria used by the Social  
25 Security Administration to determine citizenship,

1 and which shall accept as such evidence a document  
2 issued by a federally-recognized Indian tribe evidenc-  
3 ing membership or enrollment in, or affiliation with,  
4 such tribe (such as a tribal enrollment card or cer-  
5 tificate of degree of Indian blood, and, with respect  
6 to those federally-recognized Indian tribes located  
7 within States having an international border whose  
8 membership includes individuals who are not citizens  
9 of the United States, such other forms of docu-  
10 mentation (including tribal documentation, if appro-  
11 priate) that the Secretary, after consulting with such  
12 tribes, determines to be satisfactory documentary  
13 evidence of citizenship or nationality for purposes of  
14 satisfying the requirement of this subparagraph));”.

15 (2) LIMITATION ON WAIVER AUTHORITY.—Not-  
16 withstanding any provision of section 1115 of the  
17 Social Security Act (42 U.S.C. 1315), or any other  
18 provision of law, the Secretary of Health and  
19 Human Services may not waive the requirements of  
20 section 1902(a)(46)(B) of such Act (42 U.S.C.  
21 1396a(a)(46)(B)) with respect to a State.

22 (3) CONFORMING AMENDMENTS.—Section 1903  
23 of such Act (42 U.S.C. 1396b) is amended—

24 (A) in subsection (i)—

1 (i) in paragraph (20), by adding “or”  
2 after the semicolon;

3 (ii) in paragraph (21), by striking “;  
4 or” and inserting a period; and

5 (iii) by striking paragraph (22); and

6 (B) in subsection (x) (as amended by sec-  
7 tion 405(c)(1)(A) of division B of the Tax Re-  
8 lief and Health Care Act of 2006 (Public Law  
9 109–432))—

10 (i) by striking paragraphs (1) and (3);

11 (ii) by redesignating paragraph (2) as  
12 paragraph (1);

13 (iii) in paragraph (1), as so redesign-  
14 ated, by striking “paragraph (1)” and in-  
15 serting “section 1902(a)(46)(B)”; and

16 (iv) by adding at the end the following  
17 new paragraph:

18 “(2) In the case of an individual declaring to be a  
19 citizen or national of the United States with respect to  
20 whom a State requires the presentation of satisfactory  
21 documentary evidence of citizenship or nationality under  
22 section 1902(a)(46)(B), the individual shall be provided  
23 at least the reasonable opportunity to present satisfactory  
24 documentary evidence of citizenship or nationality under  
25 this subsection as is provided under clauses (i) and (ii)

1 of section 1137(d)(4)(A) to an individual for the submittal  
 2 to the State of evidence indicating a satisfactory immigra-  
 3 tion status.”.

4 (b) CLARIFICATION OF RULES FOR CHILDREN BORN  
 5 IN THE UNITED STATES TO MOTHERS ELIGIBLE FOR  
 6 MEDICAID.—Section 1903(x) of such Act (42 U.S.C.  
 7 1396b(x)), as amended by subsection (a)(3)(B), is amend-  
 8 ed—

9 (1) in paragraph (1)—

10 (A) in subparagraph (C), by striking “or”  
 11 at the end;

12 (B) by redesignating subparagraph (D) as  
 13 subparagraph (E); and

14 (C) by inserting after subparagraph (C)  
 15 the following new subparagraph:

16 “(D) pursuant to the application of section  
 17 1902(e)(4) (and, in the case of an individual who is  
 18 eligible for medical assistance on such basis, the in-  
 19 dividual shall be deemed to have provided satisfac-  
 20 tory documentary evidence of citizenship or nation-  
 21 ality and shall not be required to provide further  
 22 documentary evidence on any date that occurs dur-  
 23 ing or after the period in which the individual is eli-  
 24 gible for medical assistance on such basis); or”; and

1           (2) by adding at the end the following new  
2       paragraph:

3       “(3) Nothing in subparagraph (A) or (B) of section  
4       1902(a)(46), the preceding paragraphs of this subsection,  
5       or the Deficit Reduction Act of 2005, including section  
6       6036 of such Act, shall be construed as changing the re-  
7       quirement of section 1902(e)(4) that a child born in the  
8       United States to an alien mother for whom medical assist-  
9       ance for the delivery of such child is available as treatment  
10      of an emergency medical condition pursuant to subsection  
11      (v) shall be deemed eligible for medical assistance during  
12      the first year of such child’s life.”.

13      (c) EFFECTIVE DATE.—

14           (1) RETROACTIVE APPLICATION.—The amend-  
15      ments made by this section shall take effect as if in-  
16      cluded in the enactment of the Deficit Reduction Act  
17      of 2005 (Public Law 109–171; 120 Stat. 4).

18           (2) RESTORATION OF ELIGIBILITY.—In the  
19      case of an individual who, during the period that  
20      began on July 1, 2006, and ends on the date of en-  
21      actment of this Act, was determined to be ineligible  
22      for medical assistance under a State Medicaid pro-  
23      gram solely as a result of the application of sub-  
24      sections (i)(22) and (x) of section 1903 of the Social  
25      Security Act (as in effect during such period), but

1       who would have been determined eligible for such as-  
 2       sistance if such subsections, as amended by sub-  
 3       sections (a) and (b), had applied to the individual,  
 4       a State may deem the individual to be eligible for  
 5       such assistance as of the date that the individual  
 6       was determined to be ineligible for such medical as-  
 7       sistance on such basis.

8   **SEC. 4. GIVE STATES THE OPTION TO ALLOW CHILDREN OF**  
 9                   **LOW-INCOME STATE EMPLOYEES TO ENROLL**  
 10                  **IN SCHIP.**

11       (a) IN GENERAL.—Section 2110(b)(2)(B) of the So-  
 12       cial Security Act (42 U.S.C. 1397jj(b)(2)(B)) is amended  
 13       by inserting “at the option of a State,” after “(B)”.

14       (b) EFFECTIVE DATE.—The amendment made by  
 15       subsection (a) shall take effect on the date of the enact-  
 16       ment of this Act.

17   **SEC. 5. ESTABLISHMENT OF NEW BASE SCHIP ALLOT-**  
 18                   **MENTS THAT ARE RESPONSIVE TO IN-**  
 19                  **CREASES IN HEALTH CARE COSTS AND EN-**  
 20                  **ROLLMENT EXPANSIONS.**

21       Section 2104 of the Social Security Act (42 U.S.C.  
 22       1397dd) is amended—

23               (1) in subsection (a)—

24                       (A) in paragraph (9), by striking “and” at  
 25               the end;

1 (B) in paragraph (10), by striking the pe-  
 2 riod at the end and inserting “; and”; and

3 (C) by adding at the end the following new  
 4 paragraph:

5 “(11) for fiscal year 2008 and each succeeding  
 6 fiscal year, the sum of the State allotments provided  
 7 under subsection (i) for such fiscal year.”;

8 (2) in each of subsections (b)(1) and (c)(1), by  
 9 striking “subsection (d)” and inserting “subsections  
 10 (d) and (i)”; and

11 (3) by adding at the end the following new sub-  
 12 section:

13 “(i) ALLOTMENTS FOR STATES AND TERRITORIES  
 14 BEGINNING WITH FISCAL YEAR 2008.—

15 “(1) GENERAL ALLOTMENT COMPUTATION.—

16 “(A) IN GENERAL.—Subject to the suc-  
 17 ceeding provisions of this subsection, the Sec-  
 18 retary shall compute a State allotment for each  
 19 State for each fiscal year as follows:

20 “(i) REBASING IN FISCAL YEAR 2008

21 AND EACH SECOND SUCCEEDING FISCAL

22 YEAR.—For fiscal year 2008 and each sec-

23 ond succeeding fiscal year, the allotment of

24 a State is equal to the Federal payments

25 to the State that are attributable to (and

countable towards) the allotment under this section for the State for the previous fiscal year multiplied by the allotment increase factor under subparagraph (B) for the fiscal year involved.

“(ii) USING PROJECTIONS FOR FISCAL YEAR 2009 AND EACH SECOND SUCCEEDING FISCAL YEAR.—For fiscal year 2009 and each second succeeding fiscal year, the allotment of a State is equal to the amount of the State allotment under this subparagraph for the previous fiscal year multiplied by the allotment increase factor under subparagraph (B) for the fiscal year involved.

“(B) ALLOTMENT INCREASE FACTOR.—The allotment increase factor under this subparagraph for a fiscal year is equal to the product of the following:

“(i) PER CAPITA HEALTH CARE GROWTH FACTOR.—One plus the percentage increase in the projected per capita amount of National Health Expenditures from the second previous fiscal year to the previous fiscal year, as most recently pub-

lished by the Secretary before the beginning of the fiscal year involved.

“(ii) CHILD POPULATION GROWTH FACTOR.—One plus the percentage increase in the population of children under 20 years of age in the State from July 1 in such second previous fiscal year to July 1 in the previous fiscal year, as determined by the Secretary based on the most recent published estimates of the Bureau of the Census before the beginning of the fiscal year involved.

“(C) OUTREACH ADJUSTMENT.—

“(i) IN GENERAL.—If a State’s expenditures under this title in a fiscal year (beginning with fiscal year 2008) exceeds the allotment provided under this section (determined without regard to any reallocation it receives that is available for expenditure during such fiscal year) and if the average number of enrollees in the State under this title for such fiscal year exceeds its target number of enrollees for that year, for the subsequent fiscal year the allotment under this section for the

1 State shall be increased by the amount by  
2 which—

3 “(I) the product of—

4 “(aa) such additional num-  
5 ber of enrollees; and

6 “(bb) the projected per cap-  
7 ita Federal expenditures under  
8 the State child health plan (as  
9 determined under clause (iii) for  
10 such subsequent fiscal year); re-  
11 duced by

12 “(II) the amount of any allot-  
13 ment redistributed to the State under  
14 this section for such subsequent fiscal  
15 year.

16 “(ii) TARGET NUMBER OF ENROLL-  
17 EES.—In this subsection, the target num-  
18 ber of enrollees for a State for a fiscal year  
19 is equal to the average number of enrollees  
20 enrolled in the State child health plan  
21 under this title during fiscal year 2007 in-  
22 creased (for each subsequent fiscal year  
23 through the fiscal year involved) by the  
24 population growth for children in that  
25 State for the year ending on June 30 be-

1 fore the beginning of the fiscal year (as es-  
2 timated by the Bureau of the Census).

3 “(iii) PROJECTED PER CAPITA FED-  
4 ERAL EXPENDITURES.—For purposes of  
5 subparagraph (A)(i)(II), the projected per  
6 capita Federal expenditures under a State  
7 child health plan for a fiscal year is equal  
8 to the average per capita Federal expendi-  
9 tures under such plan for fiscal year 2007,  
10 increased (for each subsequent fiscal year  
11 up to and including the fiscal year in-  
12 volved) by the annual percentage increase  
13 in per capita amount of National Health  
14 Expenditures (as estimated by the Sec-  
15 retary) for the respective subsequent fiscal  
16 year.

17 “(iv) AVAILABILITY.—Notwith-  
18 standing subsection (e), an increase in al-  
19 lotment under this paragraph shall only be  
20 available for expenditure during the fiscal  
21 year in which it is provided.

22 “(v) INTERACTION WITH OTHER PRO-  
23 VISIONS.—

24 “(I) COVERAGE EXPANSION  
25 STATES.—In the case of a State that

1 has an increased allotment under sec-  
 2 tion 2105(i)—

3 “(aa) there shall be no in-  
 4 creased allotment under para-  
 5 graph (2); and

6 “(bb) the allotment under  
 7 this subsection shall not be sub-  
 8 ject to reallocation or redistribu-  
 9 tion to other States.

10 “(II) NO REALLOTMENT OF OUT-  
 11 REACH ADJUSTMENT.—In no case  
 12 shall any increase in allotment under  
 13 paragraph (2) for a State be subject  
 14 to reallocation or redistribution to  
 15 other States.”.

16 **SEC. 6. 2-YEAR INITIAL AVAILABILITY OF SCHIP ALLOT-**  
 17 **MENTS.**

18 Section 2104(e) of the Social Security Act (42 U.S.C.  
 19 1397dd(e)) is amended to read as follows:

20 “(e) AVAILABILITY OF AMOUNTS ALLOTTED.—

21 “(1) IN GENERAL.—Except as provided in para-  
 22 graph (2), amounts allotted to a State pursuant to  
 23 this section—

24 “(A) for each of fiscal years 1998 through  
 25 2007, shall remain available for expenditure by

1 the State through the end of the second suc-  
 2 ceeding fiscal year; and

3 “(B) for fiscal year 2008 and each fiscal  
 4 year thereafter, shall remain available for ex-  
 5 penditure by the State through the end of the  
 6 succeeding fiscal year.

7 “(2) AVAILABILITY OF AMOUNTS REALLOT-  
 8 TED.—Amounts reallocated to a State under sub-  
 9 section (f) shall be available for expenditure by the  
 10 State through the end of the fiscal year in which  
 11 they are reallocated.”.

12 **SEC. 7. SCHIP PREMIUM GRACE PERIOD.**

13 (a) IN GENERAL.—Section 2103(e)(3) of the Social  
 14 Security Act (42 U.S.C. 1397bb(e)(3)) is amended by add-  
 15 ing at the end the following new subparagraph:

16 “(C) PREMIUM GRACE PERIOD.—

17 “(i) IN GENERAL.—The State child  
 18 health plan shall provide a grace period of  
 19 at least 30 days from the beginning of a  
 20 new coverage period to make premium pay-  
 21 ments before coverage under this title may  
 22 be terminated. For purposes of this clause,  
 23 the term ‘new coverage period’ means the  
 24 month following the last month for which  
 25 the premium has been paid.

1                   “(ii) NOTICE.—The State child health  
2                   plan shall provide, not later than 7 days  
3                   after the first day of a grace period de-  
4                   scribed in clause (i), individual notice in-  
5                   forming the enrollee involved—

6                   “(I) that failure to make a pre-  
7                   mium payment within the grace pe-  
8                   riod will result in termination from  
9                   the State child health plan; and

10                  “(II) of the enrollee’s right to  
11                  challenge the proposed termination  
12                  pursuant to the applicable Federal  
13                  regulations, in effect as of January 1,  
14                  2007.”.

15           (b) EFFECTIVE DATE.—The amendment made by  
16           subsection (a) shall apply to new coverage periods begin-  
17           ning on and after such date, not later than October 1,  
18           2007, as the Secretary of Health and Human Services  
19           shall specify.

○